

Women should not use drugs while breast/chestfeeding.



DISCUSSION QUESTIONS

- Do you agree or disagree?
- What assumptions are implied in this statement?
- What can you do in your work to support women who use drugs around infant feeding?

Thinking Points

- Each situation is unique. Different drugs and drug quantities have different impacts on breast/chest milk, as well as people's well-being. It is important for women to work with health-care professionals who are experienced in harm reduction, drug use, and breast/chestfeeding to find out the best options for themselves and their baby.
- If breast/chestfeeding is not the best option, parents may choose to use formula. For some, this may lead to concerns about attachment and bonding between the parent and infant. There are strategies to foster attachment even when formula feeding. Health-care providers can provide information to help with this.
- Stigma about breast/chestfeeding and drug use can impact the messages women receive and their comfort accessing programs. Providing non-judgmental support is an important part of harm reduction work.



ADDITIONAL QUESTIONS

- What barriers may women who use drugs and are breast/chestfeeding face in your community?
- How can you support women who are breast/chestfeeding and using drugs from a harm reduction perspective?
- How can you help to reduce or address the stigma women who are breast/chest, or formula feeding may face?